

County: Chippewa
MAPLE WOOD NURSING HOME
1501 THOMPSON ST

Facility ID: 1640

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BLOOMER 54724 Phone:(715) 568-2000
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/04): 47
Total Licensed Bed Capacity (12/31/04): 50
Number of Residents on 12/31/04: 42

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 39

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		28.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		28.6
Day Services	No	Mental Illness (Org./Psy)	19.0	65 - 74	4.8			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	16.7	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	23.8		-----	RNs		12.1
Referral Service	No	Diabetes	14.3	Gender	%	LPNs		11.1
Other Services	Yes	Respiratory	7.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	11.9	Male	21.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	78.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	1	100.0	154	27	96.4	130	0	0.0	0	13	100.0	142	0	0.0	0	0	0.0	0	41 97.6
Intermediate	---	---	---	1	3.6	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1 2.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Total	1	100.0		28	100.0		0	0.0		13	100.0		0	0.0		0	0.0		42 100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	16.7	Bathing	0.0	97.6	2.4	42
Private Home/With Home Health	11.1	Dressing	21.4	76.2	2.4	42
Other Nursing Homes	0.0	Transferring	33.3	66.7	0.0	42
Acute Care Hospitals	72.2	Toilet Use	31.0	69.0	0.0	42
Psych. Hosp.-MR/DD Facilities	0.0	Eating	16.7	81.0	2.4	42
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	36	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		23.8
Private Home/No Home Health	22.2	Occ/Freq. Incontinent of Bladder	52.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	2.8	Occ/Freq. Incontinent of Bowel	31.0	Receiving Suctioning		0.0
Other Nursing Homes	16.7			Receiving Ostomy Care		2.4
Acute Care Hospitals	5.6	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		19.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	52.8	With Pressure Sores	2.4	Have Advance Directives		69.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	36			Receiving Psychoactive Drugs		61.9

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	78.0	91.7	0.85	88.8	0.88	
Current Residents from In-County	90.5	85.3	1.06	77.4	1.17	
Admissions from In-County, Still Residing	50.0	14.1	3.55	19.4	2.58	
Admissions/Average Daily Census	92.3	213.7	0.43	146.5	0.63	
Discharges/Average Daily Census	92.3	214.9	0.43	148.0	0.62	
Discharges To Private Residence/Average Daily Census	23.1	119.8	0.19	66.9	0.34	
Residents Receiving Skilled Care	97.6	96.2	1.01	89.9	1.09	
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14	
Title 19 (Medicaid) Funded Residents	66.7	66.8	1.00	66.1	1.01	
Private Pay Funded Residents	31.0	22.6	1.37	20.6	1.51	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	19.0	32.7	0.58	33.6	0.57	
General Medical Service Residents	11.9	22.0	0.54	21.1	0.57	
Impaired ADL (Mean)*	41.0	49.1	0.83	49.4	0.83	
Psychological Problems	61.9	53.5	1.16	57.7	1.07	
Nursing Care Required (Mean)*	6.0	7.4	0.80	7.4	0.80	